AdvancedHealth
Bridging the Future of Healthcare

289 LaClair Coos Bay OR 97420
Phone: 541-269-7400 Fax: 541-269-7147

Proton Pump Inhibitors

Created: 3/22/2006
Reviewed: 5/13/2019, 12/2021, 3/25/24

Includes:

Aciphex©	*Rabeprazole*
Dexilant©	*Dexlansoprazole*
Kapidex©	*Dexlansoprazole*
Nexium© and Nexium 24HR©	*Esomeprazole*
Prevacid© and Prevacid 24HR©	*Lansoprazole capsules*
Prilosec© and Prilosec OTC©	*Omeprazole capsules*
Protonix©	*Pantoprazole tablets*

*Highlighted agents are available on Advanced Health formulary without a prior authorization.

GUIDELINE FOR USE:
Generic omeprazole capsules, pantoprazole tablets, and lansoprazole capsules are available on the Advanced Health formulary with no prior authorization required. Non-formulary proton pump inhibitors will be considered for coverage under the following drug use criteria.

Initial Request:

1. Is the member 21 years of age or older?
    a. If yes, go to 2
    b. If no, go to 4

2. Is the medication being used to treat a condition funded for coverage by Oregon Health Plan?
    a. If yes, continue to 3
    b. If no, deny as below the line.

3. Has the member had an adequate trial of all formulary proton pump inhibitors, or does the member have a documented allergy or contraindication to formulary agents? Adequate trial is defined as consistent prescription fill history for at least 8 weeks. All formulary and least costly alternative agents must be trialed before consideration of more costly non-formulary agents.
    a. If yes, continue to 4
    b. If no, deny as non-formulary with message to please trial formulary alternatives.

4. Is the medication being prescribed for an indication and dose supported by the FDA approved package insert?
    a. If yes, go to 5
    b. If no, deny as not meeting criteria. Off-label use of medications is not a covered benefit on Oregon Health Plan.

5. Does the patient meet guideline note 144, Proton Pump Inhibitor Therapy for Gastroesophageal Reflux Disease (GERD) of the Health Evidence Review Commission Prioritized List of Health Services?

289 LaClair Coos Bay OR 97420
Phone: 541-269-7400 Fax: 541-269-7147

a. If yes and request is for short term treatment of GERD without Barrett's, approve for up to 8 weeks. Dosing must be consistent with the FDA approved package insert.
b. If yes and request is for long term proton pump inhibitor therapy, such as for Barrett's esophagus, approve for 12 months or duration of treatment. Dosing must be consistent with the FDA approved package insert.
c. If no, deny as not meeting criteria with message that request does not meet Guideline Note 144 of the HERC Prioritized List. Long term coverage of PPI therapy for GERD is not a covered benefit on OHP.

Renewal Request:

1. Is the request for a continuation of therapy for a previously approved non-formulary proton pump inhibitor?
   a. If yes, go to 2
   b. If no, see above for initial prior authorization criteria.

2. Is there documented improvement in patient's condition and patient continues to meet guideline note 144 of the Prioritized List?
   a. If yes, approve for 12 months
   b. If no, deny as not meeting criteria with message requesting documentation of patient's response to therapy and/or that request does not meet guideline note 144 of the Prioritized List.

Rationale:
To ensure use of formulary, least costly proton pump inhibitors for conditions intended for coverage by the Health Evidence Review Commission Prioritized List of Health Services. To ensure utilization consistent with Guideline Note 144, Proton Pump Inhibitor Therapy for Gastroesophageal Reflux Disease. To ensure prescribing consistent with the FDA approved package insert.

FDA Approved Indications:

See individual products for indications and dosing.

Mechanism of Action:

Proton Pump Inhibitor. Suppresses gastric basal and stimulated acid secretion by inhibiting the parietal cell H+/K+ ATP pump.

Contraindications:
Hypersensitivity to any component of the formulation.

References:

1. The Prioritized List of Health Services. Extracted from the January 1, 2024 Prioritized List. Guideline Note 144, Proton Pump Inhibitor Therapy for Gastroesophageal Reflux Disease (GERD).
2. Aciphex Prescribing Information. Revised 6/2018.
3. Dexilant Prescribing Information. Revised 6/2018.
4. Nexium Prescribing Information. Revised 10/2020.
5. Prevacid Prescribing Information. Revised 10/2017.
6. Prilosec Prescribing Information. Revised 9/2012.

289 LaClair Coos Bay OR 97420
Phone: 541-269-7400 Fax: 541-269-7147

7. Protonix Prescribing Information. Revised 11/2020.